

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/654,893	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.											
1							51	3	3								
2							52	1									
3							53		1								
4							54		1								
5							55	1									
6							56		1								
7							57		1								
8							58		1								
9							59		1								
10							60	1									
11							61		1								
12							62		1								
13							63		1								
14							64		1								
15							65										
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42							92										
43							93										
44							94										
45							95										
46							96										
47							97										
48							98										
49							99										
50							100										
TOTAL IND.								3									
TOTAL DEP.									10								
TOTAL CLAIMS										13							